

PCT/PTC 05 JAN 2005

PATENT
Attorney's Docket No. 788-22 PCT US**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATIONThis declaration is of the following type: *(check one applicable item below)*

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

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(Declaration and Power of Attorney [1-1] - page 1 of 6)

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SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

(a) ☐ Is attached hereto.

(b) ☐ was filed on _____ as ☐ Serial No. 0 / _____ or ☐ Express Mail No., as
Serial No. not yet known _____ and was amended on _____ *(if applicable)*.

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(c) ☒ was described and claimed in PCT International Application No. **PCT/US02/12136** filed on **April 18, 2002** and as amended under PCT Article 19 on _____ *(if any)*.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 C.F.R. 1.98.

PRIORITY CLAIM (35 U.S.C. §119)(a)-(d)

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

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(d) ☐ no such applications have been filed.

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**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
PCT	PCT/US02/12136	18, 04, 02	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
US	60/285,101	20, 04, 01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. §119(e))**

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**PROVISIONAL APPLICATION
NUMBER**

60/285,101

FILING DATE

April 20, 2001

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POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

PETER G. DILWORTH, Reg. No. 26,450; ROCCO S. BARRESE, Reg. No. 25,253;
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SEND CORRESPONDENCE TO:

Rocco S. Barrese, Esq.
DILWORTH & BARRESE, LLP
333 Earle Ovington Boulevard
Uniondale, New York 11553

DIRECT TELEPHONE CALLS TO:

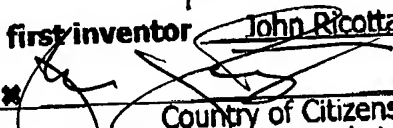
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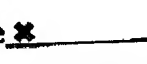
DECLARATION


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor** John Ricotta
Inventor's signature 
Date 12/8/04 Country of Citizenship United States
Residence 113 Mount Grey Road, Setauket, New York 11733
Post Office Address Same as Above NY

Full name of **second joint inventor**, if any Benjamin S. Hsiao
Inventor's signature 
Date _____ Country of Citizenship United States
Residence 86 Old Field Road, Setauket, New York 11733
Post Office Address Same as Above

Full name of **second joint inventor**, if any Rajesh H. Somani
Inventor's signature 
Date _____ Country of Citizenship United States
Residence P.O. Box 45, Setauket, New York 11733
Post Office Address Same as Above

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

- ☐ Signature for subsequent joint inventors.
Number of pages added _____.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for
deceased or incapacitated inventor.
Number of pages added _____.
- ☐ Signature for inventor who refuses to sign or cannot be reached by person
authorized under 37 C.F.R. §1.47.
Number of pages added _____. ***
- ☐ Added pages to combined declaration and power of attorney for divisional,
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TITLE OF INVENTION

APPARATUS AND METHOD FOR FIXATION OF VASCULAR GRAFTS

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Inventor's signature * _____
Date _____ Country of Citizenship United States
Residence 113 Mount Grey Road, Setauket, New York 11733
Post Office Address Same as Above

Full name of **second joint inventor**, if any ²⁰⁰ Benjamin S. Hsiao

Inventor's signature * Benjamin S. Hsiao
Date 12/13/04 Country of Citizenship United States
Residence 86 Old Field Road, Setauket, New York 11733
Post Office Address Same as Above NY

Full name of **second joint inventor**, if any Rajesh H. Somani

Inventor's signature * _____
Date _____ Country of Citizenship United States
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Full name of second joint inventor, if any Rajesh H. Somani
Inventor's signature * RH Somani
Date 12/14/2004 Country of Citizenship United States INDIA
Residence P.O. Box 45, Setauket, New York 11733 P.O. Box 425, UPTON, NY 11973
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